

STATE OF VERMONT
DRUG RECOGNITION EVALUATION
 DPS 339



Rolling Log No. **09-14-33** Case Number **09A104731**

Page **1** of **3** TO BE COMPLETED BY D.R.E. TRAINED PERSONNEL

Offense(s) Charged **DUI/D**

Name (Last, First, Middle) **[REDACTED]** DOB **[REDACTED]** Age **58** Sex **M** Arresting Officer (Name/Agency) **OFFICER MOUTON - MONTPELIER PD**

Date/Time of Arrest **11-26-09 / 1659** Breath test results **.000%** Time **1648** Refused **Instrument # 061943** Date/Time/Location of Examination **11-26-09 / 1810 / MONTPELIER P.D.**

Admonition of Rights given by? **OFFICER MOUTON** Rights Waived? ☐ Yes ☒ No What have you eaten today? **Time?** What have you been drinking? **How much?** Time of last drink?

Time Now? When did you last sleep? How long? Are you sick or injured? ☐ Yes ☒ No Are you diabetic or epileptic? ☐ Yes ☒ No

Do you take insulin? ☐ Yes ☒ No Do you have any physical defects? ☐ Yes ☒ No Are you under the care of a doctor/dentist? ☐ Yes ☒ No

Are you taking any medication or drugs? ☐ Yes ☒ No Do you have high blood pressure or heart disease? If yes, describe. ☐ Yes ☒ No Have you ever had a severe head injury? ☐ Yes ☒ No Do you have brain damage? ☐ Yes ☒ No

Speech **Low, Raspy** Attitude/Behavior **INDIFFERENT** Coordination **POOR** Face **FLUSHED** Breath/Odors **Normal**

Corrective Lenses ☐ Glasses ☐ Contacts ☐ Hard ☐ Soft ☐ None Eyes ☐ Normal ☒ Bloodshot ☐ Watery Blindness ☐ None ☐ Right Eye ☐ Left Eye

Pupil size ☒ Equal ☐ Unequal (explain) **S.O mm** Able to follow stimulus? ☒ Yes ☐ No Eyelids ☐ Retracted ☒ Normal ☐ Droopy

Pulse & Time **1. 104 / 1810** **2. 104 / 1832** **3. 120 / 1841** HGN **Lack of smooth pursuit** **Max. deviation** **Angle of onset** ☐ Resting (0) ☐ Rapid (35) ☐ Extreme (45) ☐ Immediate (0-30) ☐ Near extreme (40) ☒ None

(1) Romberg Balance **EYE LID TREMORS** (2) Walk and turn **MOON WALKING** Cannot keep balance ☒ Started too soon ☐ Stopped walking ☐ Missed heel-toe ☐ Stepped off line ☐ Raised arms ☐ Actual steps taken **9** **10** **1st Nine** **2nd Nine** **Body Tremors** **SNICKERS**

Internal clock **11** Estimated as 30 sec. **SMALL STEPS W BOTH FEET** Cannot do test (explain) **COULD NOT BALANCE longer than 3 consecutive seconds**

(4) ☐ Right ☐ Left Finger/Nose **RED** Nasal area **Thick white film on tongue**

INDICATE FRESH OR OLD PUNCTURE MARKS Attach Photos of Fresh Puncture Marks (optional) **FRONT** **DARK BRUISE** **BACK** **(L-R)** **(L-R)**

Blood pressure **158/88** Temperature **96.1 °F** Muscle tone ☐ Near Normal ☒ Flaccid ☐ Rigid **Comments** **HOT TO TOUCH / PERSPIRING** **Drug admission?** **OFFICER MOUTON**

Examining Officer **TRAVELIN** I.D. Number **229** IACP/DRE # **15470** Agency **VSP-Williston** Reviewed by **[Signature]** DRE -- **Travelin** Opinion of Evaluator: ☐ Medical ☒ Alcohol ☐ Stimulant ☒ Depressant ☐ Hallucinogen ☒ Dissociative Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis

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Name (Last, First, Middle)


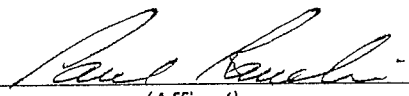
Violations

T 23 VSA 1201(a)(3)

Drug recognition evaluation report/narrative

- 1: **Location:** The evaluation was conducted at the Montpelier Police Department.
- 2: **Witness:** The entire evaluation was witnessed by Officer Moulton of the Montpelier Police Department.
- 3: **Breath Test:** A sample of [REDACTED] breath was taken with a result of .000% BrAC using an Alco IV serial number 061943 at 1648 hours.
- 4: **Notification/Interview of A/O:** At approximately 1635 hours I was notified by VSP Williston dispatch that Officer Moulton of the Montpelier Police Department was requesting a DRE after stopping a motor vehicle for erratic operation. I spoke with Officer Moulton by phone while he was still on the motor vehicle stop. Officer Moulton stated a Be On the Look Out (BOL) was issued for an erratic operator that was weaving in the roadway, crossing the lane divider line and then crossing back on to the shoulder. The BOL also stated the vehicle almost hit a bridge abutment. Officer Moulton stated he observed the vehicle and initiated a motor vehicle stop. As Officer Moulton position his cruiser behind the vehicle the operator put his vehicle in reverse and back into the front of the police cruiser. Officer Moulton stated the impact was minor and there was no damage caused from the collision. Officer Moulton stated while speaking with the operator he suspected he was impaired. After performing poorly on the Standard Field Sobriety Exercises he had the operator provide a sample of his breath with a result of .000% BrAC at approximately 1648 hours.
- 5: **Initial Observations:** I first observed [REDACTED] sitting in an interview room at the Montpelier Police Department. He was perspiring heavily despite wear only a windbreaker jacket with no shirt and sweat pants. His forehead was wet as were the palms of his hands. [REDACTED] eyes were bloodshot.
- 6: **Medical Problems:** [REDACTED] had a medical identification bracelet from a hospital on his right wrist however he did not waive his Miranda Rights so he was not questioned about the circumstances of his visit.
- 7: **Psychophysical Tests:** [REDACTED] exhibited impairment throughout all portions of the psychophysical tests. On the Romberg Balance, [REDACTED] exhibited eyelid tremors and took eleven seconds when estimating the passage of thirty seconds. On the Walk and Turn, [REDACTED] started before instructed to do so. He missed touching heel to toe on all steps in the first set of nine steps. He turned incorrectly by stepping with both feet when he was instructed to keep one foot planted. [REDACTED] missed touching heel to toe on all the steps in the second set of nine steps. He took ten steps on the second set of steps. While performing the exercising, [REDACTED] exhibited "moon walking" when stepping. He would pick his foot almost straight up and place it next to the toe of the planted foot. On the One Leg Stand, [REDACTED] could not perform the exercise. He could not balance longer than three consecutive seconds. He used the wall for balance. While attempting the exercise,

Subscribed and sworn to before me on

this 2nd day of DECEMBER 2009
(Notary Public) (Judicial Officer)
(Affiant)DECEMBER 2nd 2009
(date)

09A104731

Name (Last, First, Middle)

Violations

T 23 VSA 1201(a)(3)

Drug recognition evaluation report/narrative

█████ exhibited extreme body tremors. On the Finger to Nose, █████ failed to touch the tip of his nose with the tip of his finger on steps number One and Four.

8: **Clinical Indicators:** EYES: █████ pupils were of equal size and he was able to follow a stimulus. His eyes were bloodshot. █████ exhibited a lack of smooth pursuit and lack of convergence. His pupil size was at the high end of normal in room light and direct lighting conditions at 4.5 for room light and 3.5 for direct light. █████ exhibited rebound dilation. VITAL SIGNS: █████ pulse was high on all three readings at 104, 104, and 120 BPM. His blood pressure was high at 158/88. █████ body temperature was below normal at 96.1 degrees. █████ skin was warm to the touch and he was perspiring despite the light clothing he was wearing. Through out the evaluation, █████ would stare blankly ahead. When I spoke to him we would focus on me then stare blankly ahead again.

9: **Signs of Ingestion:** There were injection sites on his left arm near the elbow joint classified as late injections sites. They were dark and without scabbing. █████ stated they were from when he visited the hospital.

10: **Statements:** When I explained my opinion to █████ he made several unsolicited comments about not using drugs.

11: **Opinion of Evaluator:** In my opinion █████ was under the influence of CNS Depressants and Dissociative Anesthetics and was unable to operate a motor vehicle safely.

12: **Toxicological Sample:** A toxicology sample of █████ blood is pending.

13. **Miscellaneous:** I am a Nationally Certified Drug Recognition Expert since July 2008.

Subscribed and sworn to before me on

this 2nd day of December 2009

[Signature]
(Notary Public) (Judicial Officer)

[Signature]
(Affiant)
December 2nd 2009
(date)

DRE -- Ravelin -- 000036



NMS Labs

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Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report issued 12/10/2009 20:02

Last Report issued 12/10/2009 15:00

To: M02251
Montpelier Police Department
1 Pitkin Court

Montpelier, VT 05602

Patient Name [REDACTED]
Patient ID 1211-09-372880
Chain 11109661
Age 58 Y
Gender Not Given
Workorder 09264509

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Positive Findings:

Compound	Result	Units	Matrix Source
Caffeine	Positive	mcg/mL	Blood
Cotinine	Positive	ng/mL	Blood
Nicotine	Positive	ng/mL	Blood
Lorazepam	48	ng/mL	Blood

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8071B	Drug Impaired Driving/DRE Toxicology Panel, Blood (Forensic)
8075B	Drug Impaired Driving/DRE Toxicology GC/MS Drug Screen Add-On, Blood

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	8.5 mL	11/26/2009 18:46	Blood	

All sample volumes/weights are approximations.

Specimens received on 12/02/2009.



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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Positive	mcg/mL	0.10	001 - Blood	GC/MS
Cotinine	Positive	ng/mL	12	001 - Blood	GC/MS
Nicotine	Positive	ng/mL	12	001 - Blood	GC/MS
Lorazepam	49	ng/mL	5.0	001 - Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Caffeine (No-Doz) - Blood:

Caffeine is a mild central nervous system stimulant found in tea, coffee, soft drinks, chocolate, and other food and beverages. It is a component, together with acetaminophen, of many analgesic medications. Caffeine is ingested in pill form to offset fatigue and sleepiness. Low doses may improve psychomotor performance especially in individuals experiencing fatigue. Large doses of caffeine may cause sympathomimetic over-stimulation, resulting in anxiety, irritability, tremors, weakness, nausea and coma. Under conditions of normal use, caffeine is unlikely to impair an individual's driving performance, however if abused, may result in effects that would impair safe driving.

2. Cotinine (Nicotine Metabolite) - Blood:

Cotinine is a metabolite of nicotine and may be encountered in the fluids and tissues of an individual as a result of, e.g., tobacco exposure. Concentrations may be variable in blood and urine depending on the route of exposure and length of exposure. Cotinine plasma/serum concentrations in non-smokers are reported to be typically less than 15 ng/mL. Tobacco users and transdermal patch wearers have typical cotinine plasma/serum concentrations of less than 1000 ng/mL. Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine and a separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

3. Lorazepam (Ativan®) - Blood:

Lorazepam is a benzodiazepine used for sedation and for short-term relief of anxiety associated with depressive symptoms. It shares the actions and adverse reactions of other CNS-depressants. Lorazepam can be administered by oral, IV and IM routes. Daily divided oral doses of up to 10 mg are generally prescribed for anxiety. Its adverse effects can include sedation, dizziness, weakness, unsteadiness and disorientation. Following a single oral dose of 2 mg, lorazepam concentrations in plasma averaged 20 ng/mL, declining to 10 ng/mL by 12 hours. Chronic oral administration of a 10 mg dose resulted in an average steady-state plasma lorazepam level of 200 ng/mL (range, 140 - 240 ng/mL). In blood, the maximum therapeutic effect with lorazepam is reported to be within the range of 30 - 50 ng/mL. In one study, 86% of 170 drivers tested positive for other drugs in addition to lorazepam. The study reported 23 cases in which lorazepam was the only drug detected. The mean concentration found in the blood of these drivers was 51 ng/mL (median = 30 ng/mL, range < 10 - 380 ng/mL). The literature indicates that lorazepam is capable of causing significant impairment to driving and psychomotor abilities, across a wide range of concentrations.

4. Nicotine - Blood:

Nicotine is a potent alkaloid found in tobacco leaves at about 2 - 8% by weight. It is also reportedly found in various fruits, vegetables and tubers, e.g., tomatoes and potatoes, but at a smaller per weight fraction. As a natural constituent of tobacco, nicotine is found in all commonly used smoking or chewing tobacco products. It is also in smoking cessation products, e.g., patches. Nicotine has been used as a pesticide, although not as widely since the advent of more effective agents.

Nicotine is extensively metabolized; the primary reported metabolite is the oxidative product cotinine. The plasma half-life of nicotine is short (approximately 1 - 2 hr); while that of cotinine is about 20 hr. Non-smokers typically have plasma/serum nicotine concentrations of less than 10 ng/mL; however, levels may be higher depending on exposure parameters, e.g., length of time in a tobacco smoke environment; amount of airborne nicotine, etc. Tobacco users and transdermal patch wearers have typical nicotine plasma/serum concentrations less than 100 ng/mL. However, many factors influence the levels found in an individual, including: frequency of use; amount of nicotine exposed to; route of administration; etc.



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 Chain 11109661
 Patient ID 1211-09-372880

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Reference Comments:

Toxic effects of nicotine overdose include nausea, vomiting, dizziness, sweating, miosis, EEG and ECG changes, tachycardia, hypertension, respiratory failure, seizures and death. Death from nicotine exposure usually results from either a block of neuromuscular transmission in respiratory muscles or from seizures. Reported blood levels of nicotine in deaths attributed to the compound range from 1000 - 5800000 ng/mL.

Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine. A separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

The reported qualitative result for nicotine is indicative of a finding commonly seen following typical use and is usually not toxicologically significant.

Sample Comments:

001 Police Department: S/TPR. PAUL RAVELIN

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 09284509 was electronically signed on 12/10/2009 14:22 by:

Laura M. Labay, Ph.D., DABFT
 Forensic Toxicologist

Analysis Summary and Reporting Limits:

Acocde 54002B - Drug Impaired Driving/DRE Toxicology Benzodiazepines Confirmation, Blood (Forensic)

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
7-Amino Clonazepam	5.0 ng/mL	Flurazepam	2.0 ng/mL
Alpha-Hydroxyalprazolam	5.0 ng/mL	Hydroxyethylflurazepam	5.0 ng/mL
Alprazolam	5.0 ng/mL	Hydroxytriazolam	5.0 ng/mL
Chlordiazepoxide	20 ng/mL	Lorazepam	5.0 ng/mL
Clobazam	20 ng/mL	Midazolam	5.0 ng/mL
Clonazepam	2.0 ng/mL	Nordiazepam	20 ng/mL
Desalkylflurazepam	5.0 ng/mL	Oxazepam	20 ng/mL
Diazepam	20 ng/mL	Temazepam	20 ng/mL
Estazolam	5.0 ng/mL	Triazolam	2.0 ng/mL

Acocde 54127B - Drug Impaired Driving/DRE Toxicology Topiramate Confirmation, Blood (Forensic)

-Analysis by Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Topiramate	1.0 mcg/mL		

Acocde 8071B - Drug Impaired Driving/DRE Toxicology Panel, Blood (Forensic)

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:



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Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	20 ng/mL	Methadone	25 ng/mL
Barbiturates	0.040 mcg/mL	Opiates	20 ng/mL
Benzodiazepines	100 ng/mL	Phencyclidine	10 ng/mL
Cannabinoids	10 ng/mL	Propoxyphene	50 ng/mL
Cocaine / Metabolites	20 ng/mL		

Acode 8075B - Drug Impaired Driving/DRE Toxicology GC/MS Drug Screen Add-On, Blood (Forensic)

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for: The following is a general list of compound classes included in the Gas Chromatographic screen. The detection of any particular compound is concentration-dependent. Please note that not all known compounds included in each specified class or heading are included. Some specific compounds outside these classes are also included. For a detailed list of all compounds and reporting limits included in this screen, please contact NMS Labs

Amphetamines, Analgesics (opioid and non-opioid), Anesthetics, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Anxiolytics (Benzodiazepine and others), Cardiovascular Agents (non-digitalis), Hallucinogens, Hypnotics (Barbiturates, Non-Benzodiazepine Hypnotics and others), Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others).